

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed, it should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12325

Reg. Dist. No. 367

12320

CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY Somerset	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland	b. COUNTY Somerset
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural-Pocomoke City	c. LENGTH OF STAY IN 1b 1	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X/Rural-Pocomoke City	d. STREET ADDRESS 1
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR INSTITUTION	e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) MILTON F. CARTER	First	Middle	4. DATE OF DEATH Nov. 19, 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Nov. 7, 1877
9. AGE (In years lost birthday) 80 yrs.	10. IF UNDER 1 YEAR <input type="checkbox"/> IF UNDER 24 HRS. Months 0 Days 0 Hours 0 Min. 0		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME George Carter	14. MOTHER'S MAIDEN NAME Margaret Brittingham		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. None	17. INFORMANT C. Cleve Carter, Pocomoke City, Maryland	Address 2nd Munro
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.1 Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH Two Weeks	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Chronic Heart Disease, Atherosclerotic		DUE TO (c) years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Month, Day, Year Hour o. p. m. 19	20d. INJURY OCCURRED White Not white at work <input type="checkbox"/> at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from May 19, 1957 to Nov. 19, 1957 that I last saw the deceased alive on Nov. 19, 1957 , and that death occurred at 10 P.M. from the causes and on the date stated above.	ADDRESS (Street, city or town, state) 302 Market St., Pocomoke, Md. DATE SIGNED 11-20-57		
ACTUAL SIGNATURE Charles W. Trader, M.D.			
PHYSICIAN'S NAME (TYPE) Charles W. Trader, M.D.			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF 11-22-57	22c. NAME OF CEMETERY Salem Methodist	22d. LOCATION (City, town, or county) (State) Pocomoke City, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE Henry W. Watson	ADDRESS Pocomoke, Md.	24a. REC'D BY REGISTRAR DATE 25 1957	24b. REGISTRAR'S SIGNATURE Mrs. Rosalie Baymaz

STATE DEPARTMENT OF HAWAII - DIVISION OF
CERTIFICATE OF DEATH

BUREAU V. S.
RECEIVED
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, line 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Line 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18										13583 Reg. Dist. No. 265			
12321 CERTIFICATE OF DEATH													
1. PLACE OF DEATH a. COUNTY Somerset MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland					b. COUNTY Somerset			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ewell			c. LENGTH OF STAY IN 1b Lifetime		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ewell								
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Smith Island					d. STREET ADDRESS Smith Island					e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)		First IRA	Middle ROSS	Last EVANS	4. DATE OF DEATH November 20, 1957		Month November	Day 20	Year 1957				
5. SEX Male		6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH April 14, 1881		9. AGE (In years last birthday) 76 yrs.		IF UNDER 1 YEAR Months 0		IF UNDER 24 HRS. Days 0		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman		10b. KIND OF BUSINESS OR INDUSTRY Crabs & Oysters		11. BIRTHPLACE (State or foreign country) Smith Island, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13. FATHER'S NAME Fillmore Evans					14. MOTHER'S MAIDEN NAME Mary Evans								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT		Address Harry R. Evans--Ewell, Smith Island, Md.							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]													
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory failure DUE TO 260x INTERVAL BETWEEN ONSET AND DEATH 0													
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Inanition DUE TO 2-3 mo. (c) Diabetes mellitus DUE TO 10 yrs.													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)													
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)											
20c. TIME OF INJURY Month, Day, Year Hour a. m. Hour a. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) Ewell		(County) Smith Island		(State) Md.			
21. I certify that I attended the deceased from November 1956 , to Nov. 20, 1957 , that I last saw the deceased alive on Nov. 20, 1957 , and that death occurred at 3815 P.M. from the causes and on the date stated above.													
ADDRESS (Street, city or town, state) Ewell, Md.													
DATE SIGNED 11/20/57													
ACTUAL SIGNATURE Barbara Hunt M.D.													
PHYSICIAN'S NAME (Type) Dr. Barbara Hunt, M. D.													
22a. BURIAL, CREMATION, REMOVAL (Specify) burial		22b. DATE THEREOF Nov. 24, 1957		22c. NAME OF CEMETERY OR CREMATORIUM Tylerton Cemetery		22d. LOCATION (City, town, or county) Tylerton, Md.		(State)					
23. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons--Grisfield, Md.		ADDRESS		24a. REC'D BY REGISTRAR DATE 12/5/57		24b. REGISTRAR'S SIGNATURE Barbara S. Adams							

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By [S. S. M. Khan](#)

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ANSWER: *Surfactant, benzyl alcohol*

www.oxfordreference.com

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Um diesen Zeitraum herum ist eine gewisse Verunsicherung entstanden.

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BUREAU V.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed, it should be filed with
 registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18										13586	
12322 CERTIFICATE OF DEATH										Reg. Dist. No. 265	
1. PLACE OF DEATH a. COUNTY Somerset					2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield					c. LENGTH OF STAY IN 1b Lifetime						
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION McCready Hospital					e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print)		First EFFIE		Middle REBECCA		Last GERALD		4. DATE OF DEATH November 29	Month	Day	Year 1957
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 22, 1882		9. AGE (In years last birthday) 75 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY At Home			11. BIRTHPLACE (State or foreign country) Grisfield, Maryland			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME N. Wesley Tawes			14. MOTHER'S MAIDEN NAME Margaret Cox								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None			17. INFORMANT Miss Sally Sterling—Crisfield, Maryland			Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]									INTERVAL BETWEEN ONSET AND DEATH 3 yrs		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 422.2			Mayo syndrome & failure of adhesive pancreatic								
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b)											
DUE TO (c)											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)								
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19			20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>			20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Main St.—Crisfield, Md.			20f. (City or town) Crisfield, Md.	(County) Kent Co.	(State) Md.
21. I certify that I attended the deceased from Oct. 29, 1957 , to Nov. 29, 1957 , that I last saw the deceased alive on Nov. 29, 1957 , and that death occurred at 8:25 A.M. from the causes and on the date stated above.										ADDRESS (Street, city or town, state) 33 W. Main Crisfield, Md.	DATE SIGNED Nov. 30
ACTUAL SIGNATURE Sarah M. Peyton											
PHYSICIAN'S NAME (Type) Dr. Sarah M. Peyton, M. D.											
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial			22b. DATE THEREOF Dec. 2, 1957			22c. NAME OF CEMETERY OR CREMATORIUM Asbury Cemetery			22d. LOCATION (City, town, or county) Crisfield, Md.		
23. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons—Crisfield, Md.			ADDRESS Bradshaw & Sons—Crisfield, Md.			24a. REC'D BY REGISTRAR DATE 12/5/57			24b. REGISTRAR'S SIGNATURE Barbara S. Keene		

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bioactive substances, which are mainly derived from the plant kingdom.

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and I am not the only one who has been affected by this.

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在本研究中，我们探讨了不同类型的自我效能感（如学术、运动、社交）如何影响个体的自我效能感和自我效能感的稳定性。

International Conference on Quality Testing, 2013

biochemical, physical, and functional effects on the cell.

BUREAU V. S.

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may be retained by the hospital or attending physician.
 TO FUNERAL DIRECTOR: After his certificate has been signed by the attending physician and completed, it should be filed with
 the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18										13589 Reg. Dist. No. 265					
12318 CERTIFICATE OF DEATH															
1. PLACE OF DEATH a. COUNTY Somerset MARYLAND					2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. STATE Maryland b. COUNTY Somerset										
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield			c. LENGTH OF STAY IN lb		39			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield							
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 715 Broadway					d. STREET ADDRESS 715 Broadway					e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print)		First ANNIE		Middle -		Last LANE		4. DATE OF DEATH November 28,		Month	Day	Year			
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>		8. DATE OF BIRTH August 15, 1905		9. AGE (In years last birthday) 52 yrs.		IF UNDER 1 YEAR Months	Days	Hours	Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seafood Laborer			10b. KIND OF BUSINESS OR INDUSTRY Seafood			11. BIRTHPLACE (State or foreign country) Marumsco, Maryland			12. CITIZEN OF WHAT COUNTRY? USA						
13. FATHER'S NAME John Lane					14. MOTHER'S MAIDEN NAME Florence Jones										
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. None			17. INFORMANT Elsie Hall, 715 Broadway, Crisfield, Md.			Address						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage DUE TO 331X Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Cerebral Thrombosis DUE TO (c)										INTERVAL BETWEEN ONSET AND DEATH 6 days years					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>					
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)												
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19			20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)			20f. (City or town)		(County)	(State)				
21. I certify that I attended the deceased from Nov. 22, 1957 to Nov. 28, 1957 , that I last saw the deceased alive on Nov. 23, 1957 , and that death occurred at Crisfield, Md. M. D. from the causes and on the date stated above.										ADDRESS (Street, city or town, state)					
ACTUAL SIGNATURE Sarah M. Peyton										DATE SIGNED Dec. 30					
PHYSICIAN'S NAME (Type)		Sarah M. Peyton, M. D.								Crisfield, Maryland					
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Nov. 30, 1957		22c. NAME OF CEMETERY OR CREMATORIUM Lawsonia Cemetery				22d. LOCATION (City, town, or county) Crisfield, Md.		(State)					
23. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons, Crisfield, Maryland										ADDRESS		24a. REC'D BY REGISTRAR DATE 12/6/57		24b. REGISTRAR'S SIGNATURE Barbara J. Wilson	

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GEOGRAPHY

Geographic distribution

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12326

12323

CERTIFICATE OF DEATH

Reg. Dist. No.

265

1. PLACE OF DEATH a. COUNTY Somerset		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland		b. COUNTY Somerset	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield		c. LENGTH OF STAY IN 1b Lifetime		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 39 Crisfield			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION McCready Hospital		d. STREET ADDRESS 16 Columbia Ave.		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) FLETCHER		Middle ALTON	Last McGRATH	4. DATE OF DEATH November 3,	Month Nov	Day 3	Year 1957
S. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	B. DATE OF BIRTH May 29, 1886	9. AGE (in years last birthday) 79 yrs.	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) US Post Office Clerk		10b. KIND OF BUSINESS OR INDUSTRY Postal		11. BIRTHPLACE (State or foreign country) Crisfield, Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Thomas E. McGrath		14. MOTHER'S MAIDEN NAME Harriet Somers					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Elaine M. Walters, Crisfield, Md.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 350X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause first. (b) DUE TO (c)		Paralysis Agitans		INTERVAL BETWEEN ONSET AND DEATH yrs -			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 704.0 Fracture, neck of femur						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Fall in home					
20c. TIME OF INJURY Month, Day, Year Hour o. m. Mar 16 1957 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home		20f. (City or town) Crisfield	(County) (State) Somerset Md.
21. I certify that I attended the deceased from Nov 3, 1957, to Nov 3, 1957, that I last saw the deceased alive on Nov 3, 1957, and that death occurred at 12:30 P.M., from the causes and on the date stated above.						ADDRESS (Street, city or town, state) Crisfield, Maryland	
ACTUAL SIGNATURE <i>C. G. Rawley</i>		M.D.				DATE SIGNED 11/6/57	
PHYSICIAN'S NAME (Type) C. G. Rawley, M. D.							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 11-6-57		22c. NAME OF CEMETERY OR CREMATORIUM Sunnyridge Cemetery		22d. LOCATION (City, town, or county) Crisfield, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons, Crisfield, Maryland		ADDRESS		24a. REC'D BY REGISTRAR DATE 11/7/57		24b. REGISTRAR'S SIGNATURE <i>Barbara L. Johnson</i>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician or by the funeral director, it should be detached for use as the burial-transit permit. Then please remove carbon paper, and in any event within 72 hours after death, register prior to burial, cremation, or removal, and file with the registrar.

DEPARTMENT OF DEFENSE - WASHINGTON, D.C.
CERTIFICATE OF DEATH

RECEIVED
NOV 12 1957
BUREAU OF INVESTIGATION

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12327

12324

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH a. COUNTY Somerset		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland		b. COUNTY Somerset	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield		c. LENGTH OF STAY IN lb 1 day		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ewell		d. STREET ADDRESS Smith Island	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION McCready Hospital						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	First JAMES	Middle EDWARD	Last SNEADE	4. DATE OF DEATH November 7 1957	Month November	Day 7	Year 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 15, 1875	9. AGE (In years lost birthday) 82 yrs.	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman		10b. KIND OF BUSINESS OR INDUSTRY Seafood		11. BIRTHPLACE (State or foreign country) Smith Island, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Johnson Sneade				14. MOTHER'S MAIDEN NAME Emiline Evans			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO		17. INFORMANT Mrs. Bruce Evans--Ewell, Maryland		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Uremia</i> <i>592x</i> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <i>Chronic Lk nephritis</i> (c) <i>Uremia</i> DUE TO <i>Urinary tract infection</i> <i>10 days</i> <i>Chronic Lk nephritis</i> <i>Urinary tract infection</i> <i>10 days</i>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>Ischaemic cerebral Sclerosis</i>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <i>Nov. 1, 1957</i> , to <i>Dec. 7, 1957</i> , that I last saw the deceased alive on <i>Dec. 7, 1957</i> , and that death occurred at <i>4:05 P.M.</i> , from the causes and on the date stated above. ACTUAL SIGNATURE <i>George Coulbourn</i> M.D. ADDRESS (Street, city or town, state) <i>Marion Station, Md.</i> DATE SIGNED <i>11-8-57</i>							
PHYSICIAN'S NAME (Type) George C. Coulbourn, M. D.		Marion Station, Md.					
22a. BURIAL, CREMAT. ON REMOVAL (Specify) Burial		22b. DATE THEREOF Nov. 10, 1957		22c. NAME OF CEMETERY OR CREMATORIUM Ewell Cemetery		22d. LOCATION (City, town, or county) Ewell, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons--Crisfield, Md.				24a. REC'D BY REGISTRAR DATE "11-10-57"		24b. REGISTRAR'S SIGNATURE <i>Barbara J. Adams</i>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed, it should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

ELLENWOOD V. S

EST. 1880



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12328

12325

CERTIFICATE OF DEATH

Reg. Dist. No.

265

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed, it should be filed with
 Form 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, file Form 1 and 2 should be filed with
 the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH o COUNTY Somerset		MARYLAND		2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o STATE Maryland		b COUNTY Somerset		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield		c. LENGTH OF STAY IN Tb Lifetime		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 27 Crisfield				
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION McCready Hospital				d. STREET ADDRESS 324 Pine St.		e. IS RESIDENCE ON A FARM YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)		First GEORGIA	Middle ANN	Last SOMERS	4. DATE OF DEATH	Month November	Day 5	Year 1957
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 15, 1885		9. AGE (In years last birthday) 72 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Crisfield, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME George Landon		14. MOTHER'S MAIDEN NAME Unknown						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO None		17. INFORMANT Rupert R. Somers-324 Pine St.-Crisfield, Md.		Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.1		DUE TO Coronary Thrombosis				INTERVAL BETWEEN ONSET AND DEATH 19 days.		
Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause first. (b) DUE TO		(c)						
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18)						
20c. TIME OF INJURY Month, Day, Year Hour e. m. 19 p. m.		20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) Crisfield, Md.		(County) (State)
21. I certify that I attended the deceased from <u>Oct. 7,</u> 1957, to <u>Nov. 5,</u> 1957, that I last saw the deceased alive on <u>Nov. 5,</u> 1957, and that death occurred at <u>1:45 P.M.</u> , from the causes and on the date stated above.						ADDRESS (Street, city or town, state) Crisfield, Md.		DATE SIGNED 11/7/57
ACTUAL SIGNATURE <i>C. G. Rawley</i>		M.D.						
PHYSICIAN'S NAME (Type) C. G. Rawley, M. D.				Main St.--Crisfield, Md.				
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Nov. 7, 1957		22c. NAME OF CEMETERY OR CREMATORIUM Sunnyridge Cemetery		22d. LOCATION (City, town, or county) Crisfield, Md.		(State)
23. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons--Crisfield, Md.		ADDRESS		24a. REC'D BY REGISTRAR DATE 11/15/57		24b. REGISTRAR'S SIGNATURE <i>Bartow S. Lewis</i>		

S.A. 11

2001 - 100

DEA 11

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18										13597		
12326 CERTIFICATE OF DEATH										Reg. Dist. No. 265		
1. PLACE OF DEATH a. COUNTY Somerset					2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE Somerset							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Smith Island					c. LENGTH OF STAY IN 1b Lifetime					b. COUNTY Somerset		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Rhodes Point					e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print)		First LLOYD	Middle STENGLE	Last TYLER, SR.	4. DATE OF DEATH Nov. 25		Month Nov.	Day 25	Year 1957			
5. SEX Male		6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 25, 1878		9. AGE (In years last birthday) 79 yrs.	IF UNDER 1 YEAR Months 0		IF UNDER 24 HRS. Days 0		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant			10b. KIND OF BUSINESS OR INDUSTRY General Mdse.			11. BIRTHPLACE (State or foreign country) Smith Island, Maryland			12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Severn Tyler					14. MOTHER'S MAIDEN NAME Milcah Dize							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO.			17. INFORMANT Mrs. Olivia Tyler—Smith Island, Maryland			Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Anemia Pectoris DUE TO 420.1 Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause first. (b) Hypertension—coronary disease Many years DUE TO Arteriosclerosis (c) 										INTERVAL BETWEEN ONSET AND DEATH 0		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)									
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m. 			20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) Ewell, Md.		(County) Smith Is.	(State) Md.		
21. I certify that I attended the deceased from Nov. 19 to Nov. 25 , 1957, that I last saw the deceased alive on Nov. 19 , 1957, and that death occurred at 7:30 A.M. from the causes and on the date stated above.										ADDRESS (Street, city or town, state) Ewell, Md. Smith Is. DATE SIGNED 11/26/1957		
ACTUAL SIGNATURE Barbara Hunt M.D. Barbara Hunt, M.D.												
PHYSICIAN'S NAME (Type) Dr. Barbara Hunt, M. D.										Ewell—Smith Island, Maryland		
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Nov. 28, 1957		22c. NAME OF CEMETERY OR CREMATORIUM Rhodes Point Cemetery			22d. LOCATION (City, town, or county) Rhodes Point, Md.		(State)			
23. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons—Crisfield, Maryland					ADDRESS		24a. REC'D BY REGISTRAR DATE 11/25/57		24b. REGISTRAR'S SIGNATURE Barbara J. Adams			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13600

12319

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH a. COUNTY Somerset		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Somerset	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield		c. LENGTH OF STAY IN 1b 14 years	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Broadway		e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Deal Island	
		d. STREET ADDRESS	

3. NAME OF DECEASED (Type or print)	First NETTIE	Middle NORTHAM	Last WHITE	4. DATE OF DEATH Nov. 25	Month Nov.	Day 25	Year 1957
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 24, 1880	9. AGE (In years less birthday) 77 yrs.	10. IF UNDER 1 YEAR Months 0	11. IF UNDER 24 HRS. Days 0	12. IF UNDER 24 HRS. Hours 0	13. IF UNDER 24 HRS. Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Deal Island, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13. FATHER'S NAME John Northam	14. MOTHER'S MAIDEN NAME Sarah E. Corbett
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. James G. Mister--Crisfield, Maryland	Address
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4.00.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) DUE TO (c)		<i>Acute dilatation of heart</i> <i>Gronary Thrombosis</i> <u>c</u> <i>Cardiac Decompensation.</i> 10 min. 3 wks.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
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20c. TIME OF INJURY Hour o. m. p. m.	Month 19	Day Not while at work <input type="checkbox"/> at work <input checked="" type="checkbox"/>	20d. INJURY OCCURRED White Not white	20e. PLACE OF INJURY (Name, form, factory, street, office bldg., etc.)	20f. (City or town) Crisfield	(County) Md.	(State) Md.
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21. I certify that I attended the deceased from <u>Nov. 2, 1957</u> to <u>Nov. 25, 1957</u> , that I last saw the deceased alive on <u>Nov. 25, 1957</u> , and that death occurred at <u>3:55 P.M.</u> from the causes and on the date stated above.							
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ACTUAL SIGNATURE <i>Dr. C. G. Rawley</i>	M.D.	ADDRESS (Street, city or town, state) <i>Crisfield - Md.</i>	DATE SIGNED <i>11/27/57</i>
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22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF Nov. 27, 1957	22c. NAME OF CEMETERY OR CREMATORIUM St. John's Cemetery	22d. LOCATION (City, town, or county) Deal Island, Md.
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23. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons--Crisfield, Md.	ADDRESS	24a. REC'D. BY REGISTRAR DATE <i>17/5/57</i>	24b. REGISTRAR'S SIGNATURE <i>Barbara L. Adams</i>
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RECEIVED STATE GOVERNMENT OF KARNAKA - GOVT. OF KARNATAKA

CERTIFICATE OF DEATH

Date:

Government

Author

Signature

Date Issued

At Date

Signature

Place

No.

Name

Title

Mother

Address

No.

Date of Birth

I.

Age

Name

A.D.

Last Injury Received

Age now

Signature

Date of Death

Address

RECEIVED IN THE OFFICE OF THE GOVERNOR, GOVT. OF KARNATAKA, DATED

BUREAU V. S.

MAY 16 1957

RECEIVED